



Child Care Center Licensure Fee Application



PLEASE RETURN THIS FORM WITH THE PAYMENT TO THE DEPARTMENT

Payments for the full fee can be made by credit card (VISA or MASTERCARD) through the DHS Business Office (602-364-3088)

Please allow 7-10 business days for processing.

Payment by cashier's check, money order or business check can be made payable to:

Arizona Department of Health Services

(Cash and personal checks are not accepted.)

Write the facility license number on the check or money order.

Mail payment to the Department at:

150 North 18th Avenue, Suite 400, Phoenix, Arizona 85007

*** REQUIRED FIELDS**

Name of Licensee*:		
Name of Facility*:		
CDC#*:	Anniversary Date:	
NOTE: If there has been a change of controlling person/responsible person/designated agent/signatory, the Department MUST be notified. For helpful forms, please see www.azdhs.gov/als/childcare/cc_apps.htm.		
Application Fee (Pursuant to R9-5-206) Based on your current licensed capacity, which is _____, check the appropriate box:	<input type="checkbox"/> 5-10 licensed capacity <input type="checkbox"/> 11-59 licensed capacity <input type="checkbox"/> 60+ licensed capacity	\$1,000 \$4,000 \$7,800
Application Fee Reduction: Check the box if you are interested in qualifying for a 50% reduction in the license fee by participating in the Empower Pack Program. To register, and for more information, go to www.theempowerpack.org or call your local licensing office.	<input type="checkbox"/> Empower Pack Program fee reduction 5-10 licensed capacity - \$500 11-59 licensed capacity - \$2,000 60+ licensed capacity - \$3,900	
FEES DUE		
1. Fee based on licensed capacity	\$	
2. Less Empower Pack Fee Reduction (if fee reduction box above is checked)	- \$	
3. Less any amount already paid (do not count any payments returned to you by the Department)	- \$	
4. Net Amount Due	= \$	
<input type="checkbox"/> AMOUNT ENCLOSED *	\$	
<input type="checkbox"/> Installment payment plan REQUESTED (Attach <i>Installment Payment Request Form</i>) Installment payment plan must be reviewed and <u>approved</u> by the Department BEFORE the anniversary date. IMPORTANT: First payment <u>MUST</u> be received by the Department before the anniversary date of the license.		

BCCL USE ONLY	Anniv. Date:	Fee Rec'd:	E.P.:	Check Number:	Rec'd by:	LS:	Appr'd CAP & LS initials:
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ALL FEES ARE NON-REFUNDABLE pursuant to A.R.S. § 36-405(c), 36-882(f) and 36-897.01(c), except as provided in A.R.S. § 41-077.

***All fees submitted to the Department are subject to review and adjustment due to information provided by the architect review or Departmental inspection.**